## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07-10-07</u>	$\Lambda$ ddress:	625 Miller St	
Case #:	32F27724		Clinton, IN	
County:	Vermillion		<u>47842</u>	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
🔯 Chemie	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other; Farm Field	
Corrosiv	nd: Location (bedroom, kitchen, open a sat apply)  /Ammonia Reaction(s):  osphorous/Iodine Reaction(s):  ble Solvents: Field  teactive Metal (Lithium):  ous Ammonia: Field  aloric Acid Gas Generator(s):  /e Acid:  fe Base:  em and location):	_	Tarm Fle)Q	
∐ Yes ⊠ No *If yes, fax rep	r age 18 discovered (check one) (number present)  port to Child Protective Services	☐ Ephedrine ☐ Retail/Me ☒ Other: <u>Ve</u>	e Information Pseudocphedrine Tracking Log schant Tip million Co Sherrif Dop	
This report is to be faxed to the following agencies that serve the location:				
Fire Department: Clinton City FD			Fax: <u>N/A</u> Fax: <u>(765)832-3622</u>	
Health Department: Vermillion County		1°ax:		
Chila Protec	tion Service: <u>N/A</u>			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Ritch A. Reynolds</u> Phone (812)299-1153				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.